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Bib Data Sheet

CONFIRMATION NO. 3626

<b>SERIAL NUMBER</b> 09/117,380	<b>FILING DATE</b> 01/27/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1652	<b>ATTORNEY DOCKET NO.</b> FRIDKIN=1
<b>APPLICANTS</b> MATITYAHU FRIDKIN, REHOVOT, ISRAEL; ERAN J. YAVIN, REHOVOT, ISRAEL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/IL97/00032 01/27/1997				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 116976 01/31/1996				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 08/01/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> BROWDY & NEIMARK 624 NINTH STREET, N.W. SUITE 300 WASHINGTON ,DC 20001				
<b>TITLE</b> ANTI-INFLAMMATORY PEPTIDES DERIVED FROM C-REACTIVE PROTEIN				
<b>FILING FEE RECEIVED</b> 114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/117,380	FILING DATE 01/27/99	CLASS 514	GROUP ART UNIT 1625	ATTORNEY DOCKET NO. FRIDKIN=1
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APPLICANT MATITYAHU FRIDKIN, REHOVOT, ISRAEL; ERAN J. YAVIN, REHOVOT, ISRAEL.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/IL97/00032 01/27/97

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED ISRAEL 116976 01/31/96

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/05/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ILX	SHEETS DRAWING 2	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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